

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	METHOD OF TREATING FIBROMYALGIA AND OTHER SOMATOFORM DISORDERS
Attorney Docket Number::	28341/6248.10
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Erik
Middle Name::	H.F.
Family Name::	Wong
City of Residence::	Portage
State or Province of Residence::	MI
Country of Residence::	US
Street of mailing address::	7352 Hampstead Lane
City of mailing address::	Portage
State or Province of mailing address::	MI
Postal or Zip Code of mailing address::	49024

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Saeeduddin
Family Name:: Ahmed
City of Residence:: Portage
State or Province of Residence:: MI
Country of Residence:: US
Street of mailing address:: 5703 Saratoga Place
City of mailing address:: Plainfield
State or Province of mailing address:: IN
Postal or Zip Code of mailing address:: 46168

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom
Status:: Full Capacity
Given Name:: Robert
Middle Name:: Clyde
Family Name:: Marshall
City of Residence:: Mattawan
State or Province of Residence:: MI
Country of Residence:: US
Street of mailing address:: 7560 Fieldwood Circle
City of mailing address:: Mattawan
State or Province of mailing address:: MI
Postal or Zip Code of mailing address:: 49071

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom
Status:: Full Capacity
Given Name:: Robert

Family Name:: McArthur
City of Residence:: Kalamazoo
State or Province of Residence:: MI
Country of Residence:: US
Street of mailing address:: 531 Carrington Court
City of mailing address:: Kalamazoo
State or Province of mailing address:: MI
Postal or Zip Code of mailing address:: 49009

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Duncan
Middle Name:: P.
Family Name:: Taylor
City of Residence:: Kalamazoo
State or Province of Residence:: MI
Country of Residence:: US
Street of mailing address:: 8722 West F Avenue
City of mailing address:: Kalamazoo
State or Province of mailing address:: MI
Postal or Zip Code of mailing address:: 49009

Correspondence Information

Correspondence Customer Number:: 04743

Representative Information

Representative Customer Number:: 04743

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	10/255,450	09/26/02
10/255,450	Division of	09/599,213	06/22/00
09/599,213	An application claiming the benefit under 35 USC 119(e)	60/144,131	07/16/99
09/599,213	An application claiming the benefit under 35 USC 119(e)	60/158,256	10/06/99
09/599,213	An application claiming the benefit under 35 USC 119(e)	60/170,381	12/13/99
09/599,213	An application claiming the benefit under 35 USC 119(e)	60/141,968	07/01/99

Assignee Information

Assignee name::	PHARMACIA & UPJOHN COMPANY
Street of mailing address::	Building 209
	301 Henrietta Street
City of mailing address::	Kalamazoo
State or Province of mailing address::	MI
Postal or Zip Code of mailing address::	49001